PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

10816159

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			28.			•	ſ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2d minus 20= *		•	6		X\$ 9=		OR	X\$18=	158	
INDEPENDENT CLAIMS			3 minus 3 = *			\$		X43=		OR	X86=		
MU	JLTIPLE DEPEI	NDENT CLAIM P	RESENT /					+145=		OR	+290=		
* 11	the difference	e in column 1 is	ess than zero, enter "0" in column 2					TOTAL		OR	TOTAL	X7X	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		·X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	21 414	=		X43=		OR	X86=		
Ľ.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
•								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	•	Minus	** .			X\$	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		= .		X43=		OR	X86=		
7	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	LAIM			+145=		OR	+290=		
•								TOTAL			TOTAL	•	
		(0.1 0)	ΑĮ	ODIT. FEE		JOI 7	ADDIT. FEE	· .					
AMENDMENT C	`	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Column HIGHES NUMBE PREVIOU PAID FO	ST :R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OB.	TOTAL DDIT. FEE		
		nber Previously Paid					found	in the app	ropriate box	in colu	ımn 1.		